



PATENT
Attorney Docket No.: 23452-129

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) : Andrew ROUSE *et al.*

CONFIRMATION No.: 6988

SERIAL NUMBER : 09/750,320

EXAMINER : Yuwen Pan

FILING DATE : December 29, 2000

ART UNIT : 2682

FOR : SYSTEM AND METHOD FOR PROVIDING
WIRELESS DEVICE ACCESS

MAIL STOP RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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AUG 06 2004

Technology Center 2600

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the present application are the following documents:

1. Request for Continued Examination (RCE) (in duplicate);
2. Amendment Transmittal Letter;
3. Amendment Accompanying Request for Continued Examination (RCE); and
4. Check in the amount of \$770.00.

Our check for \$770.00 is enclosed covering any required fees. In the event any variance exists between the amount enclosed and the Patent and Trademark Office charges, please charge or credit the difference to our Deposit Account 50-0311, Reference No. 23452-129. A duplicate copy of this letter is enclosed for that purpose.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned at (703) 464-8140.

Dated: August 3, 2004

Respectfully submitted,

Sean L. Ingram

Registration No.: 48,283

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND
POPEO, P.C.

12010 Sunset Hills Road, Suite 900

Reston, Virginia 20190

703-464-4800

Customer No.
29315



AMENDMENT TRANSMITTAL LETTER			Docket No.02 23452-129
Serial No. 09/750,320	Filing Date December 29, 2000	Examiner Yuwen Pan	Group Art Unit 2682

Applicants: Andrew ROUSE, *et al.*

Invention: **SYSTEM AND METHOD FOR PROVIDING WIRELESS DEVICE ACCESS**

TO THE ASSISTANT COMMISSIONER FOR PATENTS

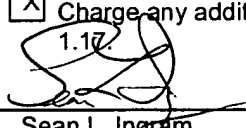
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

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CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest # Previously Paid	# Extra Claims Present	Rate	Additional Fee	
Total Claims	20	- 24 =		x \$18.00	\$0.00	
Independent Claims	4	- 4 =		x \$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee:						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

- ☒ Large Entity ☐ Small Entity
- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. 50-0311 in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the additional claim fees is enclosed.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-0311 as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 C.F.R. 1.16 and 1.17.


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Dated: August 3, 2004

CUSTOMER NO. 29315